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ABSTRACT

This digest focuses on school health education, its current status, and what the future holds for health education in the elementary and secondary schools. School health education is defined and its history briefly sketched. The importance of health education is discussed as well as who should teach health education classes. Suggestions are also made for future efforts in school health education. A bibliography of references is included. (JD)

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CLEARINGHOUSE ON TEACHER EDUCATION

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School Health Education

This ERIC digest will focus on school health education, its current status and what the future holds for health education in the elementary and secondary schools. Health educators in this country are searching for concrete answers to these questions, and based upon the research and findings, they are beginning to answer these questions. School health education has a strong impact on the current and the future lives of all students. Health issues are becoming very important to our society and this is largely due to greater public concern over the health of our nation.

What Is The Definition Of School Health Education?

"It is health education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing or enhancing the health, health-related skills, and health attitudes and practices of children and youth that are conducive to their good health" (Davis et al, 1985). Since many cognitive and social skills are learned in elementary school settings, it is believed that "comprehensive school health education activities can enhance a child's skills and personal decision-making, promote understanding of the concept of health and the causes of disease, and foster knowledge about the ways in which one's health is affected by personal decisions related to smoking, alcohol and drug use, diet and exercise, and sexual activity" (Rohwer, 1986).

What Is The History Of Health Education?

During the nineteenth century, Americans slowly began to take notice of health-related issues. Often the proponents of health issues were bitterly received by the general public. However, there was no question that these proponents made their mark regarding such health issues as the effects of alcohol, tobacco, and narcotics (Nolte, 1985). Health, as an issue in American life, prospered due to increased scientific research.

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Organizations formed which devoted themselves to elevating public awareness on a variety of health-related issues. "The interaction of public and private organizations and the impact of social and political factors...evolved hygiene into school health education, public health education, community health education, patient education, corporate fitness, and wellness education" (Nolte, 1985). Each of the above components illustrate how health education has branched out to incorporate the needs of contemporary society, including the elementary and secondary school programs.

Why Is Health Education Important In Our Schools?

We are creatures of habit--as children we begin to develop lifestyle-related habits that will stay with many of us for our entire lives. For many people these habits can be devastating. The most important reason for health education to be standard in our nation's schools is to educate our children about both the quality and quantity of life. The late Dr. Delbert Oberteuffer, a well-known health professional and leader in the health education field, stated simply, "Health is a study of the living" (Oberteuffer, 1985). While there is a conscious shift in American health habits in the 1980s, it remains that the school system in the United States is the best vehicle for detailed and comprehensive health education (Oberteuffer & Beyrer, 1966).

School health education has long been considered a subject that could easily be dispensed with if budgets were cut. Reading, writing, and mathematics have been focused upon in recent years. However, health education professionals believe that school health education is growing in popularity due to the overall health movement in the United States. Association for the Advancement of Health Education President Peter Cortese states, "If, indeed, the 'back to basics' movement is a major obstacle to school health education, there are several things that can be done to demonstrate the 'basicness' and value of the health program. There are highly respected individuals and groups who express the need for comprehensive school health education from kindergarten through twelth grade. These include the National Parent Teachers Association, the American Association of School Administrators, several voluntary health agencies,...and the American Council of Life Insurance..." (Cortese, 1985).

School health education teaches our children and adolescents the importance of every facet of health in modern American society. Examples of curriculum content of health education include accident prevention, alcohol education, communicable diseases, dental health, drugs, exercise and relaxation, food, nutrition and weight control, sex education, and smoking prevention (Cornacchia & Staton, 1979).

Perhaps the primary reason why health education in our schools is necessary comes from a purely fiscal viewpoint. Dr. Mildred Doster claims, "The if and why are being answered more decisively by the belief, chiefly from outside education, that the promotion of health can reduce the cost of medical care and prevent many illnesses in future generations" (Doster, 1985). The cost of health care in our country may literally force large numbers of Americans to seek a healthier lifestyle--and this will have to start in our schools where children and adolescents learn those important lifetime skills.

An important recent study, "School Health Education Evaluation" (SHEE), illustrates that "the full benefits of health instruction in attitudes and reported practices were achieved when a sizable commitment of classroom hours was made to a health program" (Connell, Turner & Mason, 1985). SHEE "was a massive undertaking involving more than 3,000 children (grades four to seven) in 1,071 classrooms from 20 states. The study was the most comprehensive effort to assess the status of school health education since 1964" (Connell et al, 1985). James O. Mason, M.D., Acting Assistant Secretary for Health commented on the SHEE study, "For public health professionals, the study unequivocally demonstrates that school health education is an effective means of helping children improve their health knowledge and develop healthy attitudes" (Mason & McGinnis, 1985).

Who Should Teach School Health Education?

The field of health education is extremely diversified. Hence, it is often difficult to determine who should be responsible for teaching our children health-related information. One well-known school health professional stated, "In elementary schools, every teacher should have some responsibility for health education within an established curriculum of sequential learning from kindergarten through sixth grade. In middle and high schools, students' needs are best served by having, in each school, teachers with specific preparation in health education. This added emphasis on health is justified because many of the major problems in adolescence such as accidents, drugs and alcohol abuse, pregnancy, and suicide are strongly health related and require specifically trained teachers to help students achieve healthful decisions and behaviors" (Doster, 1985).

There is a growing core of health education professionals who believe that credentialing health educators will lead to greater acceptance of health education in the school curriculum. Not knowing the background a health teacher might have leads some administrators to question the overall importance of health education in the elementary or secondary school curriculum.

In an article related to credentialing, authors Jackie A. Smith and Susan Jensen state the "four types of credentialing procedures include accreditation, certification, licensure, and registration" (Smith & Jensen, 1985). In their article they also state that "credentialing of health educators is a topic of growing interest among school, community, and patient health educators. A few states have taken the initiative to provide credentials for health educators and there is a growing interest from most states to explore this possibility. Many benefits may be derived from credentialing, including protecting the public, improving the quality of health education, and providing the professional, who has invested in his or her training, with a better opportunity for employment in the field (Smith & Jensen, 1985).

What Is The Future Of School Health Education?

The future of school health education is uncertain. Budget cuts plague many areas of academia, including school health education. It can be safely stated that school health education programs will increase <u>if</u> administrators and the public can begin to see actual results in the attitudes of their children. Introducing programs into the schools that will interest the children and be easy to promote to the community would be wise. Here are some examples of programs which have been successful and have caught the public's attention.

- The American Cancer Society developed a program for primary and elementary levels (K-3) entitled, "An Early Start to Good Health."

- "Freddie Fitness" and "Commander Cosmos Wellness Balancing Act" were two ideas that incorporated health information into the school health education curriculum (Watts, 1982).

In an effort to identify the core expectations parents and the community should have, Dr. Lloyd J. Kolbe, Director of the School Health Education Project at the National Center for Health Education wrote, "First, we can expect school health education to increase understandings about the philosophy and science of individual and societal health. Second, we can expect school education to increase the competencies of individuals to make decisions about personal behaviors that will influence their health. Third, we can expect school health education to increase their skills and inclinations to engage in behaviors that are conducive to health. Fourth, school health education programs, strategically integrated with other school and community health promotion efforts, can be expected to elicit behaviors that are conducive to health. Fifth, we can expect school health education to increase the skills of individuals to maintain and improve the

health of their families, and the health of the communities in which they reside (Kolbe, 1982).

Conclusion

Future efforts in school health education need to be focused toward providing quality programs for students at all levels. The current trends of school health education are toward greater visibility in elementary and secondary schools. Future professional efforts must be directed toward increasing the health status of our students.

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